	theck one box only as di 22A-1Supp:	irected in this form and in Fo	rm
Debtor 2 (Spouse, if filing)	■ 1. There is no presu	umption of abuse	
United States Bankruptcy Court for the: Southern District of Iowa Case number	applies will be m	o determine if a presumption nade under <i>Chapter 7 Means</i> icial Form 122A-2).	
(if known)		does not apply now because service but it could apply lat	
Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Inc.	☐ Check if this is a	n amended filing	12/19
Be as complete and accurate as possible. If two married people are filing together, both are equattach a separate sheet to this form. Include the line number to which the additional information case number (if known). If you believe that you are exempted from a presumption of abuse because qualifying military service, complete and file Statement of Exemption from Presumption of Abuse	n applies. On the top of ar ause you do not have prin	ny additional pages, write your narily consumer debts or beca	r name and
Part 1: Calculate Your Current Monthly Income			
What is your marital and filing status? Check one only.			
□ Not married. Fill out Column A, lines 2-11.			
☐ Married and your spouse is filing with you. Fill out both Columns A and B, line	es 2-11.		
■ Married and your spouse is NOT filing with you. You and your spouse are:			
■ Living in the same household and are not legally separated. Fill out both C	Columns A and B, lines 2	2-11.	
☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do r penalty of perjury that you and your spouse are legally separated under nonbaliving apart for reasons that do not include evading the Means Test requiremer	ankruptcy law that applie	es or that you and your spous	
Fill in the average monthly income that you received from all sources, derived during the 6 fr 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 thr the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not incle spouses own the same rental property, put the income from that property in one column only. If you	rough August 31. If the amoude any income amount me	ount of your monthly income varie ore than once. For example, if bo	ed during
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse		
 Your gross wages, salary, tips, bonuses, overtime, and commissions (before al payroll deductions). 	\$1,108.49	\$3,824.21	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions			

Official Form 122A-1

Debtor 1

Debtor 1 0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

0.00

\$

-\$

\$

-\$

from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

Net monthly income from a business, profession, or farm \$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

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Debtor 1	Alec A Veatch			Case numbe	er (<i>if known</i>)			
				Column A Debtor 1		Column Debtor 2		
8. U ı	nemployment compensation			\$	0.00	\$	331.67	
	o not enter the amount if you contend that the amoun e Social Security Act. Instead, list it here:	t received was a bene	fit under					
	For you\$		00					
	For your spouse \$	0.	00					
be nc Ur di: pa dc	ension or retirement income. Do not include any are enefit under the Social Security Act. Also, except as set include any compensation, pension, pay, annuity, conted States Government in connection with a disability ability, or death of a member of the uniformed servicity paid under chapter 61 of title 10, then include that these not exceed the amount of retired pay to which you retired under any provision of title 10 other than chap	tated in the next sente or allowance paid by the ty, combat-related inju- ces. If you received any pay only to the extent to be would otherwise be e	nce, do e ry or y retired that it	\$	0.00	\$	0.00	
10. In Do re do Ur	come from all other sources not listed above. Spont include any benefits received under the Social Sceived as a victim of a war crime, a crime against humanistic terrorism; or compensation pension, pay, and ited States Government in connection with a disability, or death of a member of the uniformed servicurces on a separate page and put the total below.	ecify the source and a Security Act; payments manity, or international nuity, or allowance pai ty, combat-related inju	or d by the ry or					
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
	alculate your total current monthly income. Add linch column. Then add the total for Column A to the total for Column B to	tal for Column B.	\$	1,108.49	+ \$ _	4,155.88	_	5,264.37
	alculate your current monthly income for the year							
	a. Copy your total current monthly income from line	•		Сор	y line 11	here=>	\$	5,264.37
	Multiply by 12 (the number of months in a year)						X	12
12	b. The result is your annual income for this part of th	e form				1	2b. \$	63,172.44
13. C a	alculate the median family income that applies to	you. Follow these step	os:					
Fi	I in the state in which you live.	IA						
Fi	I in the number of people in your household.	4						
To	I in the median family income for your state and size in the median family income for your state and size in the family income amounts, go this form. This list may also be available at the bank	online using the link s	pecified	in the separa	ate instruc		3. \[\\$ _1 \]	00,901.00
14. H o	ow do the lines compare?							
14 14	Line 12b is less than or equal to line 13. C Go to Part 3. Do NOT fill out or file Official b. ☐ Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	Form 122A-2.		•	•	•		22A-2.
Part 3:	Sign Below							
	By signing here, I declare under penalty of perjury	that the information o	n this sta	atement and	in any att	achments is	s true and c	orrect.
	X /s/ Alec A Veatch				,			
	Alec A Veatch Signature of Debtor 1							
	Pate May 13, 2022							

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Debtor 1	Alec A Veatch	Case number (if known)	
	MM/DD/YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14h, fill out Form 122A, 2 and file it with this form		